



CITY OF SALISBURY

APPLICATION FOR BOARDS AND COMMISSIONS

If you are a resident of the City of Salisbury, at least 18 years old, and willing to volunteer your time and expertise to your community, please complete this application and return to:

City Clerk's Office
PO Box 479
Salisbury, NC 28145
Phone (704) 638-5224 · Fax (704) 638-8499

Name: _____

Home Address: _____

City: _____ Zip Code: _____

Phone: (Home) _____ (Business) _____

Fax: _____ Email: _____

Place of Employment: _____ Occupation: _____

Do you reside within the City limits of Salisbury? *(This is not a requirement if applying for the Greenway Committee)*
Yes _____ No _____

Are you within the City's Extraterritorial Jurisdiction (ETJ) area? Yes _____ No _____
(The ETJ area includes designated areas within one mile of the primary City limits)

Please indicate your preferences (first choice being 1):

- | | |
|--|---|
| _____ Community Appearance Commission | _____ Historic Preservation Commission |
| _____ Human Relations Council | _____ Hurley Park Advisory Board |
| _____ Planning Board | _____ Parks & Recreation Advisory Board |
| _____ Tree Board | _____ Zoning Board of Adjustment |
| _____ Greenway Committee (No Requirement of Residency) | |

Have you served on a board or commission of the City of Salisbury? Yes _____ No _____

If yes, please list board or commission and date: _____

-continued-

Why are you interested in serving on the Board or Commission for which you are applying?

Interest/Skills/Education/Areas of Expertise/Professional Organizations that you feel would be of assistance to you in your duties as a member of the Board or Commission: _____

AFFIRMATION OF ELIGIBILITY:

Has any formal charge of professional misconduct ever been sustained against you in any jurisdiction?

Yes ___ No ___ If yes, explain complete disposition: _____

Is there any possible conflict of interest or other matter that would create problems or prevent you from fairly and impartially discharging your duties as an appointee of the Salisbury City Council?

Yes ___ No ___ If yes, explain conflict: _____

I certify that the facts contained in this application are true and correct to the best of my knowledge. I understand and agree that any misstatement will be cause for my removal from any board or commission.

RETURN COMPLETED FORM TO:

Myra Heard
City Clerk's Office
PO Box 479
Salisbury, NC 28145
704-638-5224
704-638-8499 Fax
mhear@salisburync.gov

Signature: _____

Date: _____

Invalid if Not Signed

Applications will remain active from the date of receipt until May 1st of each calendar year.